PTC/SB/17 (10-03) Approved for use through 07/31/2006, OMB 6551-002) Approved for use through 07/31/2006, OMB 6551-0020 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid OMB control number.												
		Complete if Known										
	FEE TRANSMITTA				Applic	Application Number 10/605,				,095		
	4	Ī	Filing Date		09/09/20	09/09/2003						
	1	Ī	First Named Inventor		Chi-Ming Hsiso							
	Effective 10/01/2	Examiner Name			ame	Lam, Tuan Thieu						
	Applicant claims		Art Unit		2816	2816						
	TOTAL AMOUNT	6.00		Attorney Dockel No. MTKP			MTKPO	TKP0081USA				
	METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)							
	Check Credit Deposit Account	t oard Money Deve				3. ADDITIONAL FEES Large Entity Smell Entity						
	Osposit 50-3105				e (8) Code (5)				Description			
	Number Deposit	and the least of the second		1051			25 Sun	Surcharge - late provisional filing fee of				
	Account North A	vnerica Intellectual Property	Corp.	1053	cover sheet				cification			
	The Director is Authoria	sed to: (check all that apply)			2,520			Egua a Ledna				
	Charge fee(s) Indicat	led below	verpsyments fee(s)	1804	920" 1804 920" Request			puesting publi Intrinse action	eting publication of SIR prior to			
	Charge ree(s) indicat	ed below, except for the filing		1805	805 1,840° 1805 1,840° Requesting publication of SIR after							
	to the above identified de	E CALCULATION		1251	110 2251		55 Ex	ension for re	ply within fire			
	1. BASIC FILING F			1252	420	2252	210 Ex	cond moni				
	Large Entity Small Ent	ity	Fee Paid	1253	1254 1,480 2254 740 Externation for reply within fourth month							
	Fee Fee Fee Fee Fee Code (5)		ree Paid									
	1001 770 2001 38	• •			•	2255	•			n monu		
	1002 340 2002 17			1401	330 330	2401 2402		tice of Appea ng a brief in (1 account		
	1003 830 2003 20	•	<u> </u>	1403	290	2403		quest for oral				
		D Provisional filing fee			1,510	1451				see proceedin		
	1.000	SUBTOTAL (1) (\$) 0.	~ 1	1452	110 2457 55 Petition to revive - unavoldable							
		1453	153 1,330 2453 885 Petition to revive - unintentional									
	2. EXTRA CLAIM		1501 1,330 2501 866 Utility leave fee (or rei					•				
	Total Claims 29	1502	· · · · · · · · · · · · · · · · · · ·									
06/22/2004 KJONE	Total Claims 29 - 2 X 10 36				1460 130 1460 130 Pathtons to the Commissioner					ver	_	
NOVECLEANS WINKE	Multiple Dependent	1807							1			
01 FC:1202	Large Entity : Small I		1808	160	1000	180 Sut	n Submission of information Disclosure Stret					
	Fee Fee Fee Fee Description Code (\$) Code (\$) 1202 16 2202 9 Claims in excess of 20				40	8021	40 Re	cording each	paters easig	phment per		
					770	2809 385 FE		ipony (times ing a submisi				
	''	··					-	CFR 1.129(FR 1.129(a))			
	1203 290 2203 145 Multiple dependent claim, if not peld 1204 88 2204 43 "Recissue independent claims over original penant				770	2810 385 For exam		each additional invantion to be mined (37 CFR 1.129(b))				
•					770	2601		388 Request for Continued Examination (RCE)				
	1205 18 2205 9 "Reliable claims in excase of 20 and over original patent					1602	900 R	equest for ex a design app	expedited examination plication			
		36.00	Other fee (specify) Reduced by Sasic Filing Fee Peld SUBTOTAL (3) (5) 36.60							; 		
		dy paid, if greater, For Relasses	(Complete (# applicable))									
	SUBMITTED BY	4	Registra	tion No	44 526			88628923735)			
	Name (Print/Type)	Turne		Amone		41,526	' ——	Date				
	Signature U UNIOUS STORM								- Cut	1 1 1 1	2050	

WARNING: Information on this form may become public. Credit card information should not

WARRING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a baseft by the public which is to file (and by the USPTO to process) an application. Considerability is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including petitering, preparing, and submitting the completed application form to the USPTO. Time wa vary depending upon the individual case. Any comments on the emount of time you require to complete this form analyst suggestions for reducing this oursen, should be sent to the Chief information Officer, U.S. Patert and Tradomark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Petents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.

Application	or Docket	Number
ADDITICATION	OI DOCKEL	110111061

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS		(Column 1)		(Ookerrini E)		1	RATE	FEE) 	RATE	FEE	
					NUMBER EXTRA			BASIC FEE	385.00	ΩB	BASIC FEE	770.00
FOR			NUMBER FILED NUMI		NUMB	7						.90
ТО	TAL CHARGEA	BLE CLAIMS	27 minus 20= * [·L		X\$ 9=		OR	X\$18=	1260	
<u> </u>	EPENDENT CL		2 minus 3 =				X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column					olumn 2	,	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					•	OTHER TO						
		(Column 1) CLAIMS	1	HIGH		(Column 5)	ו ל		ADDI-			ADDI-
NT A		REMAINING AFTER		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
AMENDMENT	Total	* 29	Minus		27	= Z		X\$ 9=		OR	X\$18=	3600
MEN	Independent	. 2	Minus	***	3	=	1	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					Į	+145=		OR	+290=			
·								TOTAL		OB	TOTAL	
	ADDIT. FEE OR ADDIT. FEE											
	(Column 1) (Column 2) (Column 3)									4501		
8		CLAIMS REMAINING		HIGH NUM		PRESENT	11	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
		AFTER AMENDMENT		PREVK PAID		EXTRA		HAIL	FEE		HAIL	FEE
AMENDMENT	Total	#	Minus	**		= .		X\$ 9=		OR	X\$18=	
VEN	Independent	*	Minus	sharak		=	╛╏	X43=		OR	X86=	
Ā	FIRST PRESE	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									000	
				·		•		+145=		OR	+290=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
		CLAIMS		HIGH	EST		7 1		ADDI-			ADDI-
υ	·	REMAINING AFTER		PREVI	IBER OUSLY	PRESENT		RATE	TIONAL		RATE	TIONAL FEE
Ē		AMENDMENT		PAID	FOR	 	1 1		FEE			
AMENDMENT	Total	*	Minus	**		<u> </u>	┨╏	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> -</u>	4.	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						, I	TOTAL	•	OR	TOTAL ADDIT. FEE		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							ADDIT. FEE		r			
***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												